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NEW HAMPSHIRE DEPARTMENT OF STATE

731-27	STATE OF NEW HAMPSHIRE
	2017 Statement of Income and Expenses
	for LOBBYISTS
	(RSA Chapter 15)
PLEASE PRINT	
Name of Lobbyist(s)	- Trock
Name of lobbyist's nartnership firm	

I. Name of Lobl	byist(s) <u>Jase</u> H	)tock	<del></del>
II. Name of lobi	byist's partnership, firm or corporation, if	any:	/
New f	tampshice Timbeda	d Owners Asso	ciation.
	(Name of partnership, firm or corporation)		
S4 For Business Address:	(Street) (Town/City)	State)	3301 (Zin Codo)
		(State)	Zip Code)
(63) <u>224</u> - (Teleph	969 (63) 235 589 none) (Fa:	e-mail stock onh	toa.ora
	ent covers: (Choose one – file separate repo ense transactions which are not attributable		parate report for
All reportabl	le transactions occurring in the months prior to	the reporting date relative to the followin	g client:
New Hama	skies Timberland Own	err Association	
<b></b>	(Full Name of Client as it appears on the L	obbyist Registration Form)	<del></del>
OR			
	e transactions by the lobbyist (including the lo particular client.	bbyist's family), or the lobbying firm liste	d below which are
IV. Date of Rep	ort April 26, 2017 💢	July 26, 2017	
Reports cover:	activity from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17	
	October 25, 2017	January 31, 2018 ☐ activity from 10/1/17 to 12/31/17	
	e been no fees received and no reportable cked, complete just this form and submit it to \$3301.		
VI Check if ad	ditional reports are attached:		
	received fees or made expenditures, you must	file Addendum A – Fees and Expenses	
	paid an honorarium or reimbursed expenses, y		norariums or
🔀 If you, your	firm, or your family has made political contri	butions, you must file Addendum C- Poli	tical Contributions
Swarn Statomo	nt/Affirmation by Lobbyist		
	15, RSA 15-B, RSA 14-C and RSA 664 and	hereby swear or affirm that the foregoing i	nformation is true
and complete to	the best of my knowledge and belief.	N 1 0	
		April 20, 201	フ
(Signature of lo	abyist)	(Date)	
( 7/60	& A Stock		
(Print Name of	lobbyist)		

# P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE



### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jase A. Stack	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
II. Name of lobbyist's partnership, firm or corporation, if any:	ì
New Hand shire Timberland Owners A	Ssociation
III. Name of Client NH Timber and Owners Assoc.	Date 4/26/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$_13,118.11
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and orting period of greater than \$25.00 for ne of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits,	10 === (4

support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 18, 523.40
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 18, 523.40
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
$\sim$ $N/A$	\$
,	\$
	\$
	\$
	\$
	\$
***************************************	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	4/20/17
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

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P	I. Name of Lobbyist(s) Jase L. Stock DEPARTMENT OF STATE
L E	II. Name of lobbyist's partnership, firm or corporation, if any:
A S E	Newtonshire Timberland Owners Association (Name of partnership, firm or corporation)
P R I	III. Name of Client NH Timberland Owners Assoc. Date 4/30/17
T	State the full name of the person receiving the honorarium or expense reimbursement:
	Stock Joseph
	Last Name First Name Middle Name/Initial
	What is the value of the honorarium or expense reimbursement? \$ 138-70
	Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).
	mileage and parking to hearing at meeting at statehouse, LOB, andore state preprices on the following days: 1/4,5, 10, 11, 12, 16, 17, 18, 19,
	23,24,25, 30, and 31; 2/4,2,3,7,8,9,14, 20,24, 23; 3/3,13,15,21,22
	(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)
	Sworn Statement/Affirmation by Lobbyist
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(	(Signature of lobbyist)  (Date)
`	(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) RECEIVED

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Jases A. Stock
	nership, firm or corporation, if any:
New Hangshi	nership, firm or corporation)
III. Name of Client NH	Timbedand Owners Assoc. Date 4/20/17
Political Contributions  For each political contribu	ion that is reportable pursuant to RSA Chapter 664 paid on behalf of the g firm, indicate the following:
Full name of candidate: _	(Last Name) (Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seeking State Senate
	ad contribution, provide a description of the goods or services provided, and enter the ribution on the line above for amount of contribution. If the actual cost is not known, he word "estimate."
Full name of candidate:	(Last Name) (Middle Name/Initial)  100 Office Candidate is Seeking State Senate
	and contribution, provide a description of the goods or services provided, and enter the cribution on the line above for amount of contribution. If the actual cost is not known,
Full name of candidate:	(Last Name) (Middle Name/Initial)
Amount of contribution \$	50 Office Candidate is Seeking State Sanate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."			
(If more than three contributions were made, report additional contributions on separate addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.			
(Signature of lobbyist) (Date)			
(Print Name of lobbyist)			

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NEW HAMPSHIRE DEPARTMENT OF STATE

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# STATE OF NEW HAMPSHIRE RECEIVED

**Lobbyists Report of Political Contributions** Addendum C (RSA Chapter 15:6)

APR 2 1 2017

**NEW HAMPSHIRE** DEPARTMENT OF STATE

I. Name of Lobbyist(s)	asen A.	Stack	
II. Name of lobbyist's partne	-	•	
Newtonpshire (Name of partners)	Timbe and	Owners	Association
III. Name of Client NH TA	imbedond a	swers Assoc	c. Date 4/20/17
(Name of partnership, firm or corporation)  III. Name of Client NH Timbedand Owners Assoc. Date 4/20/17  Political Contributions  For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:			
Full name of candidate:	(Last Name)		(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking State Serate
	ution on the line abov		or services provided, and enter the ion. If the actual cost is not known,
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is S	Seeking
	ution on the line abov		or services provided, and enter the ion. If the actual cost is not known,
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is S	Seeking

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."			
(If more than three contributions were made, report additional contributions on separate addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing informatio is true and complete to the best of my knowledge and belief.	n		

(Print Name of lobbyist)

(Signature of lobbyist)

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## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

	ank if Statement is for	r the partnership, firm, or	corporation and not related to any
Date of Report (check of	ne):		
April 26, 2017	July 26, 2017 🗆	October 25, 2017 □	January 31, 2018 □
-			nd Expenses described above, and umber of Addendum forms being
Addendum A(s)			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of n			nt and each Addendum is true and
(Signature of lobbyist)			/20/17 (Date)
Jasen AS	Stock		
(Print Name of lobbyist)			